

Personal History Statement



The Plano Police Department 1-866-485-7777

Plano Police Department
Professional Standards Unit
909 14TH Street
P.O. BOX 860358
Plano, Texas 75086-0358
www.planopolice.org

INSTRUCTIONS

READ THESE INSTRUCTIONS CAREFULLY BEFORE PROCEEDING

These instructions are provided as a guide to assist you in properly completing your **Personal History Statement**. It is essential that all information be accurate. This information will be used to conduct a background investigation that will determine your eligibility for employment.

1. Your Personal History Statement should be typed or printed legibly in ink.
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.
4. **You** are responsible for obtaining correct addresses and telephone numbers. If you are not sure of an address, check it by personal verification. All requested information must be supplied by you; the Police Department will not be responsible for acquiring information.
5. If there is insufficient space on the form to include information requested, attach extra sheets to the **Personal History Statement**. Be sure to reference the appropriate section and question before continuing your answer. An accurate and complete **Personal History Statement** will expedite your background investigation; deliberate omissions or falsifications will result in disqualification.
6. It is your responsibility to have the Personal Inquiry Waiver Form (page 1) and Confidential Information Agreement Form (page 2) notarized.
7. Please return your Personal History Statement Booklet to the Professional Standards Unit of the Plano Police Department.
8. This Statement will not electronically be submitted to the Police Department. It is provided in electronic input format for your convenience. You will need to print this document after entering all information. Return completed and notarized document to:

Plano Police Department
Professional Standards Unit
909 14th Street
Plano, Texas 75074

CONFIDENTIAL INFORMATION AGREEMENT FORM

In order to determine your qualifications for this sworn Civil Service position, it will be necessary to conduct a comprehensive background investigation. To a great extent, an employment offer will depend upon an assessment of confidential information obtained from your interview, polygraph examination, psychological evaluation, driving history, credit report, and other confidential documents. In addition, confidential information will be sought from previous employers and other persons with whom you have been associated. Applicants will not have access to the above-named information, nor have access to the identities of persons interviewed. Your signature below will serve as your waiver of any right to access this information under State and Federal Law.

If you are rejected for cause, one or more of the fourteen (14) reasons for rejection as listed in Section 143.023 of the Local Civil Service Government Code, said cause will be noted in written notification of rejection to you. Your rejection notification will also reflect if the reason(s) for your non-acceptance is of a temporary reconcilable nature, or one of permanence.

This agreement is not to be in conflict with State Civil Service Rules, and such Rules shall be the governing policy as long as the Civil Service Rules are in effect.

I have read the above statement and fully understand its meaning and agree with its provisions.

Applicant Name (Print)

Applicant Signature

Date

Sworn and subscribed before me, a Notary Public for the State of _____ this the _____ day of _____, _____.

Notary Signature

(Seal)

My Commission expires: _____

**PERSONAL HISTORY STATEMENT THE INFORMATION
PROVIDED IN THIS SECTION IS USED FOR IDENTIFICATION
PURPOSES**

Full Name: _____

Other Names Used: _____

Home Address: _____

Telephone Number: _____ Work Number: _____

Email: _____

Cell Phone Number: _____ Pager: _____

Date of Birth: _____ Race: _____ Sex: _____

Social Security Number: _____ U.S. Citizen: Yes No

Place of Birth (include city, county and state): _____

Drivers License (include number, state of issue and expiration): _____

Concealed Handgun License (include number, state of issue and expiration): _____

Height: _____ Weight: _____ Hair color: _____ Eye Color: _____

Identifying Marks: _____

SCARS - describe: _____

TATOOS - describe: _____

Name by which you prefer to be addressed: _____

EMPLOYMENT HISTORY

Beginning with your present or most recent job, list all jobs you have had, including all part time, temporary or seasonal positions. Attach additional pages if necessary.

Check Appropriate Job Description(s): Full Part Temporary Seasonal

Employer: _____

Employer's Address: _____

Employer's Telephone Number: _____

Email: _____

Employment Began On: ____ Ended On: ____ Total Time (years & months): _____

Position(s) Held with Organization and Duties/Responsibilities: _____

Title: _____ Salary/Hourly Rate: _____

Time in position: _____ Did you receive job Performance Evaluations? Yes No

Supervisor Name: _____ Eligible for Re-hire? Yes No

Email: _____

Reason for Leaving: _____

Was Notice Given? Yes No If Yes, How Much? _____

List all Disciplinary Action received on this job: _____

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MILITARY SERVICE

If you are male, have you registered with Selective Service? Yes No

Have you been rejected by any branch of the US Armed Forces? Yes No

Have you been a member of any branch of the US Armed Forces:

Yes No If yes, Branch of Service: _____ Highest Rank: _____

Induction: _____ Discharge: _____ Type/Discharge: _____

What was your job in the military: _____

Did you receive any discipline while in the military (e.g. Article 15/Captain's Mast/Page 11/Non Judicial Punishment/Letter of Counseling/Letter of Reprimand)? Yes No

While in the military service, were you ever arrested for an offense which resulted in a trial by Deck Court or Summary, Special or General court-martial? Yes No

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

Charge: _____ Date: _____ Results: _____

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Last duty station and name of Commanding Officer: _____

Are you currently a member of a US Reserve or National/State Guard Organization: _____

Branch of Service: _____

Grade and Service #: _____

Are you: Active
 Standby
 Inactive
 IRR

Organization/Station/Unit and Location: _____



EDUCATIONAL HISTORY

List all high schools, colleges, technological or trade schools you have ever attended regardless of whether you graduated and/or completed the prescribed curriculum.

If you are listing colleges/universities, and you did not graduate, indicate the number of credit hours you have earned.

If you attended a technological or trade school, indicate your course of study and also note if you were awarded a diploma or certificate.

NAME & TYPE OF SCHOOL/LOCATION (CITY & STATE)	DATES ATTENDED FROM - TO	DEGREE AND/OR CREDIT HRS EARNED, G.P.A.

Have you ever been expelled from any school you have attended? Yes No

If yes, School: _____ Date: _____ Reason: _____

School: _____ Date: _____ Reason: _____

Have you ever been placed on academic probations? Yes No

If yes, School: _____ Date: _____ Reason: _____

School: _____ Date: _____ Reason: _____

ADDITIONAL EDUCATION AND PERSONAL INFORMATION

EDUCATION (Check Highest Grade Completed)

High School: 9th 10th 11th 12th

College: Freshman Sophomore Junior Senior

Community Activities: _____

Awards/Commendations or Special Recognition: _____

ARREST/DETENTION

Have you ever been arrested by the police, regardless of the Final Disposition? Yes
 No – If yes give brief description i.e. date, place, details: _____

Have you been Charged/Filed-on with an offense regardless of the Disposition? Yes
 No – If yes give brief description i.e. date, place, details: _____

Have you ever been present during the commission of a crime? Yes No

Explain circumstances: _____

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

If yes give brief description i.e. date, place, details: _____

Have you ever been involved in a Protective Order Situation? Yes No

If yes please explain: _____

LITIGATION

Have you ever been involved in any type of lawsuit? Yes No

Were you sued? Yes No

Have you ever filed bankruptcy? Yes No Date: _____

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

Explain: _____

DRIVING RECORD

Do you possess a valid driver's license? Yes No

How many moving citations have you received in the past three years? _____

Have you ever had a driver's license suspended? Yes No If "Yes":

Date of Suspension: _____ Date Lifted: _____

Type of Suspension: _____

Have you ever knowingly driven a motor vehicle after your driver's license was suspended, or after it had been revoked? Yes No

Do you have a valid driver's license in more than one state? Yes No

If "Yes", list the state(s) and driver's license number. _____

How many motor vehicle accidents have you been involved in during the past three years as a driver? _____

Have you ever been involved in a hit-and-run accident? Yes No

Explain in Detail: _____

Have you ever been involved in an accident, as the driver, after you had been drinking an alcoholic beverage? Yes No Explain in Detail: _____

Have you ever operated a vehicle while under the influence of alcohol or drugs (How much you had to drink and in what time frame; how far did you drive under influence.)? Yes No

Explain in Detail: _____

What company carries your automobile insurance policy? _____

Company Address: _____

Policy Number: _____ Expiration Date: _____

MARITAL AND FAMILY HISTORY

Check your current status:

Single Engaged Married Separated Divorced Widowed

If you are Engaged:

Name of Fiancée: _____ Date of Birth: _____

Employer: _____

Address: _____

Telephone # Home: _____ Work: _____

If you are Married or Separated:

Spouse's Name: _____ Date of Birth: _____

Employer: _____

Address: _____

Telephone # Home: _____ Work: _____

Date Married: _____

If you are Divorced:

Former Spouse's Name: _____ Date of Birth: _____

Address: _____

Telephone # Home: _____ Work: _____

Date Divorce Decree Issued: _____

Court and State where Divorce Decree Issued: _____

Reason for Divorce: _____

If you are Widowed:

Spouse's Name: _____

Date of Birth: _____ Date of Death: _____

Have you been married to more than one person at a time? Yes No

IF YOU CURRENTLY RESIDE WITH ANY PERSON(S), OTHER THAN FAMILY MEMBERS, LIST:

Name & Birth Date	Occupation/Work	Length of Time Together

PLEASE LIST ANY PERSON WITH WHOM YOU HAVE RESIDED IN THE PAST OTHER THAN FAMILY MEMBERS:

Name & Birth Date	Occupation/Work	Length of Time Together

CRIMINAL ACTIVITY – ILLEGAL DRUGS/POSSESSION

It is important the Department be aware of your past and current illegal drug usage. As a peace officer you may be called to testify as a witness in a criminal prosecution of an individual charged with illegal drug usage and the defense could ask about your personal drug usage in an effort to attack or impeach your credibility.

By usage we mean the ingestion of drugs into your system. Ingestion is defined as, but not limited to; snort, sniff, inject (needle), smoke, puff, toke, oral (by pill, tab, tasting, or mixed with food or drink), or absorbed into the body by any means. Each separate instance of usage, regardless of quantity consumed, constitutes “one time used.”

Identify exactly when you used a drug. You will be given an opportunity to explain the first date that you used each drug and the last time you used each drug.

Explain how you used the drug. If the drug was smoked, snorted, injected, eaten, or used in any other manner, you must explain how it was used.

When asked to give the maximum number of times that you used the drug, you must give the ABSOLUTE MAXIMUM NUMBER OF TIMES YOU USED THE DRUG. For instance, if you have snorted cocaine six times, and you state that you used cocaine five times, you will appear to be deceptive when questioned on the polygraph. If you are not sure how many times you used a drug, then state the absolute maximum number of times you could have used the drug.

On the following page explain your usage of each of the drugs mentioned; the first time (year) you used the drug, the last time (month and year) you used the drug, the maximum number of times you used the drug, and how you used the drug*. If you never used the particular drug, then check the appropriate “NEVER” area. **Please list only drugs not prescribed to you that you have used.** Prescription drugs of another persons, even though legally prescribed, you used should be listed.

*** Regardless if the drug had any effect.**

DRUG	FIRST TIME USED	LAST TIME USED	MAXIMUM TIMES USED	HOW USED	IF NEVER, CHECK HERE
PCP					<input type="checkbox"/>
Angel Dust					<input type="checkbox"/>
THC					<input type="checkbox"/>
Marijuana, Hashish					<input type="checkbox"/>
LSD					<input type="checkbox"/>
Peyote					<input type="checkbox"/>
Mescaline					<input type="checkbox"/>
Heroin					<input type="checkbox"/>
Cocaine					<input type="checkbox"/>
Quaaludes					<input type="checkbox"/>
Downers					<input type="checkbox"/>
Tranquilizers					<input type="checkbox"/>
Amphetamines/ Methamphetamines /Speed/Crank					<input type="checkbox"/>
Biphetamine					<input type="checkbox"/>
Ecstasy/XTC/Ice					<input type="checkbox"/>
Preludin					<input type="checkbox"/>
Dilaudid					<input type="checkbox"/>
Talwin/PBZ					<input type="checkbox"/>
Inhalants (glue/paint)					<input type="checkbox"/>
Mushrooms (Psilocybin)					<input type="checkbox"/>
Designer Drugs					<input type="checkbox"/>
Anabolic Steroids					<input type="checkbox"/>
Rohypnol (date rape drug)					<input type="checkbox"/>
Clickums/Xanbars					<input type="checkbox"/>

Any additional drug(s) not listed above: _____

Before continuing, think carefully to insure that you have not forgotten to list any illegal drug usage which you can recall.

Would you arrest a friend or family member for a drug violation if you were a police officer?
 Yes No

Have you ever sold or furnished any controlled substance or illegal drug? Yes No

Which substance did you furnish, sell, or buy? Explain in Detail: _____

When was the last time you sold, furnished or bought? Explain in Detail: _____

Are you using prescription medication(s) without a valid prescription? Yes No

Have you ever been involved in the manufacturing of an illegal drug? Yes No

Type: _____ Describe your involvement: _____

Have you ever lied to a doctor about symptoms in order to get a prescription? Yes No – Explain: _____

Do you associate with individuals who use illegal drugs and/or abuse medication? Yes No – Explain: _____

Have you ever attempted and/or succeeded in “getting high” with products such as paint, glue, gasoline, nitrous oxide, etc.? Yes No – Explain: _____

Personal References

List six (6) persons that can provide current information about you; do not list relatives or past/present employers.

Name: _____ Occupation: _____

Address: _____ Years Known: _____

Home Phone #: _____ Work Phone #: _____

Cell #: _____ Pager: _____ EMAIL: _____

Describe your relationship with this person: _____

Name: _____ Occupation: _____

Address: _____ Years Known: _____

Home Phone #: _____ Work Phone #: _____

Cell #: _____ Pager: _____ EMAIL: _____

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Describe your relationship with this person: _____

MEMBERSHIPS IN GROUPS/ASSOCIATIONS/CLUBS

Official Name of Organization	Type: Social, Fraternal, Professional, etc.	Office(s) Held	Dates of Membership	
			From	To

HOBBIES AND SPORTS

Name of Sport	Duration	Level of Proficiency

Are there any incidents in your life, not mentioned previously herein, which may reflect upon your suitability to perform the duties which you may be called upon to undertake, or which might require additional explanation? _____

Do you or your spouse have a relative currently employed with the City of Plano or the Plano Police Department? Yes No

If "Yes", provide Name, Relationship, and Position with the City: _____

Police work requires working irregular hours, i.e. evening and night times, weekends, holidays, etc. Please indicate if this would be an issue: _____

Have you made an application for employment for any position with this, or any other law enforcement agency (please include agencies that hired you)? Yes No If "Yes", provide details below:

Name of Agency	Date	Status of Application (Hired, Rejected – Reason Why Rejected, Not Hired – Reason Not Hired, Not Contacted, Unknown, etc.)

Have you ever worked as an intern or volunteer for any law enforcement agency? Yes No If "Yes," provide details below:

Name of Agency	Date	Description of Duties

I HEREBY CERTIFY THAT THERE ARE NO WILLFUL MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN THIS PERSONAL HISTORY STATEMENT. I AM FULLY AWARE THAT ANY SUCH MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS WILL BE GROUNDS FOR IMMEDIATE PERMANENT REJECTION OF MY APPLICATION, OR IF CURRENTLY EMPLOYED WITH THE DEPARTMENT, TERMINATION OF SAID EMPLOYMENT.

Signature of Applicant

Date

This Statement will not electronically be submitted to the Police Department.

Please print this document. It contains waivers and agreement forms that must be notarized and signed.

Return completed and notarized document to:

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Professional Standards Unit
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