

# PERSONAL HISTORY STATEMENT

Of

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APPLICANT NAME

All information contained herein is private and confidential. Any disclosure, dissemination, distribution or copying of any information or records of this document or records of this examination without prior written authorization from the City of Plano, TX Public Safety Communications department is prohibited unless required by State or Federal law.

Polygraph Examiner Name (PRINTED) \_\_\_\_\_

Polygraph Examiner Name (SIGNATURE) \_\_\_\_\_

Date of Examination \_\_\_\_\_

Time of Examination \_\_\_\_\_

This document is property of the City of Plano Public Safety Communications department.

Plano Public Safety Communications  
1520 K Avenue #010  
Plano, TX 75071

**PERSONAL HISTORY STATEMENT INFORMATION**

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- I. I understand the City of Plano, Texas, is considering me for employment. If so requested, I agree to take and satisfactorily complete a polygraph examination, designated by the City of Plano, Texas, prior to actual employment. I understand that if I do not satisfactorily complete the polygraph examination, the City of Plano, Texas, may, can or will terminate my employment process.
- II. I understand that while the City of Plano, Texas employs me, I may be required to take and satisfactorily complete a polygraph examination, designated by the City of Plano, Texas, as a condition of continued employment.
- III. I understand that 'satisfactory completion' of a polygraph examination is defined as a clear demonstration of truthful responses meeting standards for the type of examination being administered and in compliance with the rules, regulations, policies and procedures of the City of Plano, Texas.
- IV. I voluntarily consent to the disclosure of the results of my polygraph examination and of all statements which may be made by me, prior to, during and after my polygraph examination, to the Department of Public Safety Communications of the City of Plano, Texas and their designee(s).

**POLYGRAPH EXAMINATION INFORMATION**

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The first part of your polygraph examination will be a pre-test interview with the polygraph examiner who will be conducting the actual polygraph examination. All subject matter that will be covered in the polygraph examination will be discussed and reviewed with you.

The second part of the polygraph examination will be the placement of various polygraph instruments to, or over, certain parts of your body and person. This is for the purpose of recording your body system's physiological reactions and responses. These instruments will include: tubes and wiring that will be placed over your chest, and/or abdominal area, that will record specific respiratory activity; a blood pressure cuff which will be placed on your right or left arm, that will record specific cardiovascular activity; and electrodes that will be placed on two of your fingers, that will record galvanic skin resistance or conductance activity. If other instruments or attachments are to be used, they will be explained to you.

The polygraph examiner shall instruct you as to what you must do during your examination so that you may shorten the length of time it will take to conduct your examination.

The third part of the examination is the actual polygraph examination. During this portion you will be asked questions regarding the subject matter that was discussed and reviewed with you during the pre-test interview.

Following the actual examination, the polygraph examiner will analyze and evaluate your physiological reactions that were recorded during the examination, formulate an opinion as to the truthfulness of your answers, and deliver those results to you.

Upon the delivery of the opinions of the polygraph examiner as to the truthfulness of your answers, you will be given the opportunity to explain any reaction (response) that was displayed.

All written material you have completed for the City of Plano, Texas, along with the results of your examination, will be returned to the Department of Public Safety Communications immediately upon completion of your polygraph exam.

All other records of your polygraph examination will be maintained by the polygraph examiner for two years, as required by Law.

**INSTRUCTIONS**

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- I. You are hereby advised that any statement you make, any admission you make to a law violation, any answer you give to any question contained herein, or the results of a negative polygraph examination, can not and will not be used against you in any criminal court of law.
- II. The information you provide and that is obtained from this polygraph examination is for administrative use only.
- III. Investigators who are conducting your background investigation will use the information obtained from this polygraph examination to assist them in determining if you meet the standards for employment with the Department of Public Safety Communications of the City of Plano, Texas, only.
- IV. The background investigator will ask you a series of questions and instruct you to fill out certain information yourself. Follow their directions completely.
- V. Omitting requested information, falsifying information, and/or lying when answering questions in this personal history statement will disqualify you. Be sure that all of your answers are truthful.

I have read and understand all section above.

Applicant Name (PRINTED) \_\_\_\_\_

Applicant Name (SIGNATURE) \_\_\_\_\_

**APPLICANT INFORMATION**

<b>FULL NAME</b>				<b>DATE OF BIRTH</b>		
Last Name	First Name	Middle Name	Jr., II, etc.	Month	Day	Year

<b>PLACE OF BIRTH</b>				<b>SOCIAL SECURITY NUMBER</b>		
City	County	State	Country			

<b>DRIVER LICENSE</b>		<b>E-MAIL</b>				
Number	State of Issuance	E-Mail Address				

**ADDRESS**

Street Number	Apt	City	State	ZIP
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**PHONE NUMBERS**

Home	Work	Cell	Other
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**OTHER AGENCIES** LIST ANY/ALL PUBLIC SAFETY, POLICE OR OTHER TYPE OF DISPATCH CENTER WHERE YOU HAVE PREVIOUSLY APPLIED FOR WORK.

Agency	Date Applied	Result	Agency	Date Applied	Result
Agency	Date Applied	Result	Agency	Date Applied	Result
Agency	Date Applied	Result	Agency	Date Applied	Result

**EMPLOYMENT HISTORY** LIST ALL PREVIOUS EMPLOYERS SINCE YOUR SEVENTEENTH BIRTHDAY. COPY THE NEXT PAGE IF YOU NEED ADDITIONAL SPACE.

<b>Employer</b>	Type of Company	City	State			
Job Title & Brief Job Description						
Month/Year	to	Month/Year	Starting Salary	Ending Salary	Supervisor Name	Supervisor Phone Number
Reason for Leaving					Was Notice Given?	

<b>Employer</b>	Type of Company	City	State			
Job Title & Brief Job Description						
Month/Year	to	Month/Year	Starting Salary	Ending Salary	Supervisor Name	Supervisor Phone Number
Reason for Leaving					Was Notice Given?	

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Job Title & Brief Job Description						
Month/Year	to	Month/Year	Starting Salary	Ending Salary	Supervisor Name	Supervisor Phone Number
Reason for Leaving					Was Notice Given?	

**EMPLOYMENT HISTORY** CONTINUED.

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<b>Employer</b>	Type of Company	City	State		
Job Title & Brief Job Description					
Month/Year to	Month/Year	Starting Salary	Ending Salary	Supervisor Name	Supervisor Phone Number
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Reason for Leaving			Was Notice Given?		

**PERSONAL REFERENCES** LIST FIVE PEOPLE THAT YOU HAVE KNOWN FOR AT LEAST TWO YEARS. DO NOT LIST EMPLOYERS OR FAMILY MEMBERS.

Name	Phone	How Known	Known Since
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Address

Name	Phone	How Known	Known Since
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Address

Name	Phone	How Known	Known Since
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Address

Name	Phone	How Known	Known Since
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Address

Name	Phone	How Known	Known Since
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Address

**DRUG USE** THE FOLLOWING QUESTIONS PERTAIN TO THE ILLEGAL USE OF DRUGS OR DRUG ACTIVITY.

Have you ever illegally used Marijuana?  Yes  No | If Yes, indicate last use | If Yes, indicate number of uses in past ten years

Have you ever illegally used any other controlled substances in the past ten (10) years?  Yes  No

Have you ever illegally used anabolic steroids after 1991?  Yes  No | If Yes, indicate last use

Did you ever illegally use anyone else's prescription medication?  Yes  No | If Yes, indicate last use  
| If Yes, please explain

Have you ever provided a controlled substance to another person?  Yes  No  
| If Yes, please explain

Have you ever illegally manufactured drugs, sold any drugs or been involved in a conspiracy to distribute drugs?  Yes  No  
| If Yes, please explain

Have you ever illegally used a controlled substance while at work?  Yes  No  
| If Yes, please explain

Have you ever bought a controlled substance?  Yes  No  
| If Yes, please explain

During the last five (5) years, has any controlled substance been used in your presence?  Yes  No  
| If Yes, please explain

If you were selected as an employee of the City of Plano would you turn in a co-worker for a drug law violation that you witnessed?  Yes  No  
| Provide any explanation you think is needed

**DRIVING HISTORY**

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Do you have any Driver Licenses other than those disclosed?  Yes  No

| If Yes, please explain

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Have you ever had a Driver License suspended for any reason?  Yes  No

| If Yes, please explain

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Is any action pending against your Driver License that may cause it to become suspended?  Yes  No

| If Yes, please explain

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During the last 3 years... | How many tickets have you been issued? | How many "at-fault" accidents have you been involved in?

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Did you ever commit any kind of hit and run accidents?  Yes  No

| If Yes, please explain

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Have you ever driven while under the influence of alcohol or other controlled substances?  Yes  No

| If Yes, please explain

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Do you have liability insurance on all motor vehicles registered in your name?  Yes  No

| If No, please explain

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Have you ever been arrested for failing to appear in court for a traffic ticket?  Yes  No

| If Yes, please explain

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Have you ever caused a death or serious injury in a motor vehicle accident?  Yes  No

| If Yes, please explain

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**ALCOHOL USE**

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Do you consume alcohol while operating motor vehicles?  Yes  No

| If Yes, please explain

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Have you ever consumed any alcoholic beverage while at work in violation of your employer's rules or policy or while on standby and subject to call back to duty?  Yes  No

| If Yes, please explain

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Have you ever consumed alcohol in violation of any state law?  Yes  No

| If Yes, please explain

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Have you been arrested, since you were 17 years of age, as a result of alcohol possession, use, or sale?  Yes  No

| If Yes, please explain

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Have you ever used an altered ID or the ID of another person to illegally purchase alcohol?  Yes  No

| If Yes, please explain

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Have you ever unlawfully purchased or furnished alcohol for a person you knew to be under the legal drinking age?  Yes  No

| If Yes, please explain

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**PERSONAL INFORMATION**

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Including maiden names, have you ever used an alias or fictitious name?  Yes  No

| If Yes, please explain

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Have you ever used an alias or fictitious name when using the internet chat rooms or instant messaging?  Yes  No

| If Yes, please explain

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Do you associate with people that engage in illegal activities?  Yes  No

| If Yes, please explain

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Have you ever been a member of a group or organization that advocates the violent overthrow of the United States government?  Yes  No

| If Yes, please explain

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Have you ever been a member of a group or organization that advocates unlawful violence or activity towards any particular group?  Yes  No

| If Yes, please explain

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Are you familiar with the duty hours and job demands of a 9-1-1 Calltaker and Police / Fire / EMS Dispatcher?  Yes  No

| If No, please explain

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Is there any reason why you could not perform the duties assigned to you by the Public Safety Communications Department of the City of Plano, TX?  Yes  No

| If Yes, please explain

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Is any member of your family, or any of your relatives, employed by the City of Plano?  Yes  No

| If Yes, please explain

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Have you ever worked non-traditional hours such as evening or night shifts, weekends, holidays, etc?  Yes  No

| If Yes, please explain

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Are you able to work various shifts and schedules as assigned?  Yes  No

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Are you able to work on all weekends?  Yes  No

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Are you able to work on all holidays?  Yes  No

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**EMPLOYMENT HISTORY**

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Have you listed the names of all, since you were seventeen years old, previous employers in this personal history statement?  Yes  No

| If No, provide missing information here

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Did you falsify or purposely omit any information on your job application or in this personal history statement?  Yes  No

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Have you stated the true reasons for leaving each of your employers during the last five years?  Yes  No

| If No, provide missing information here

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What is the most serious disciplinary action that you have ever received during any job and when did it occur?  Yes  No

| Please explain

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Have you ever resigned from a job to keep from being fired?  Yes  No

| If Yes, please explain

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**EMPLOYMENT HISTORY** CONTINUED.

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Have you ever been suspended from work?  Yes  No

| If Yes, please explain

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Have you ever been issued a letter of reprimand?  Yes  No

| If Yes, please explain

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Have you ever been fired from a job?  Yes  No

| If Yes, please explain

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To your knowledge, would any former employer give you an unfavorable recommendation?  Yes  No

| If Yes, please explain

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Have you ever worked for a governmental agency?  Yes  No

| If Yes, please explain

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Have you ever been employed in an illegal occupation?  Yes  No

Have you ever been involved in an internal affairs investigation  Yes  No

| If Yes, please explain

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Did the results of any internal affairs investigation accuse you of a policy or law violation?  Yes  No

| If Yes, please explain

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Have you ever fraudulently filed for Worker's Compensation benefits?  Yes  No

| If Yes, please explain

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Have you ever falsified an employer's business records?  Yes  No

| If Yes, please explain

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Have you ever fraudulently received employment benefits?  Yes  No

| If Yes, please explain

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Have you ever slept on the job when you were not authorized to do so?  Yes  No

| If Yes, please explain

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Have you ever been counseled regarding inadequate or poor work conduct?  Yes  No

| If Yes, please explain

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Have you ever committed any act of sexual harassment while on the job?  Yes  No

| If Yes, please explain

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Have you ever had any type of unauthorized or illegal physical contact with another employee while working?  Yes  No

| If Yes, please explain

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**EMPLOYMENT HISTORY** CONTINUED.

Have you ever stolen, or assisted in stealing, money from where you were employed?  Yes  No

If Yes, please explain

Have you ever stolen, or assisted in stealing, property from where you were employed?  Yes  No

If Yes, please explain

Have you ever been employed in a Public Safety Communications department?  Yes  No

If Yes, please explain

**CRIMINAL HISTORY** ALL INQUIRIES IN THIS SECTION RELATE TO ACTIONS WHEN YOU WERE 17 YEARS OF AGE OR OLDER.

Have you ever committed any felonies?  Yes  No

Have you ever committed any misdemeanors other than minor traffic violations?  Yes  No

If Yes, please explain

Have you ever committed any kind of family violence offense?  Yes  No

Other than traffic tickets, have you ever been convicted in a court of law (including Deferred Adjudication cases)?  Yes  No

If Yes, please explain

Do you have any charges that are currently pending in a court of law?  Yes  No

If Yes, please explain

- Did / Have you ever...
- Commit homicide or cause the death of another person
  - Taken part in a robbery
  - Taken part in a burglary
  - Commit any type of sexual assault or offense
  - Use a vehicle without permission of the owner
  - Expose yourself in a public place
  - Intentionally damage your own property to collect insurance
  - Evade a law enforcement officer
  - Commit any type of insurance fraud
  - Commit a motor vehicle theft
  - Participate in a "chat room" or other similar forum in an attempt to meet young adolescents or children
  - Purposely transport, receive, view or download any material depicting persons less than 18 years of age engaged in sexual conduct
  - Commit a theft
  - Commit an aggravated assault
  - Cause, or threaten to cause, bodily harm to another person
  - Commit arson
  - Been indicted by a Grand Jury
  - Been associated with any unlawful terrorist, gang, or criminal organization
  - Been arrested for anything other than a traffic matter

If you checked any of the boxes above please explain below

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Have you ever had any sexual contact after you were seventeen (17) years of age with another person who was less than fifteen (15) years of age at the time of the act? This includes sexual intercourse, oral or anal sex, touching of the genitals, anus or female breasts of another person.  Yes  No

If Yes, please explain

At the present time, is there any pending court action, civil or criminal, in which you are involved?  Yes  No

If Yes, please explain

