

City of Plano Public Safety Communications

Personal History Statement

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.

PLEASE READ THE FOLLOWING VERY CAREFULLY

PERSONAL HISTORY STATEMENT INFORMATION

1. 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.
2. 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.
3. 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.
4. 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

1. 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 sections of this Personal History Statement and the pre-test interview are subject to verification during the polygraph examination. All subject matter that will be covered in the polygraph examination will be discussed and reviewed with you.
2. 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.
3. 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 and/or contained within this Personal History Statement.
4. 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.

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

INSTRUCTIONS

1. Complete every page of the questionnaire that follows. Your answers need to be as legible as possible.
2. In order for you to avoid problems on your polygraph examination, please do not falsify, misrepresent, lie about facts, leave out, neglect to mention, or purposefully withhold any information about your background, no matter how insignificant you believe it is. Please be completely open and truthful.
3. If you have any questions about any section of this Personal History Statement or the polygraph examination be sure to ask the department's hiring representative or the polygraph examiner. Your failure to ask questions will be construed as an indication that you understand the questions being asked.
4. If you need additional space for information or explanations please use page 19 of this Personal History Statement.
5. Be sure to read each question carefully and provide as complete and clear of an explanation as possible when asked for in the sections that follow. Investigators who are conducting your background investigation will use the information obtained from this Personal History Statement and associated polygraph examination to assist them in determining if you meet the standards for employment with the Public Safety Communications department of the City of Plano, Texas.
6. 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 of the information above on pages 2 and 3.

Applicant Name (PRINTED) _____

Applicant Name (SIGNATURE) _____

Personal Information

Last Name: _____ First Name: _____ Middle Name: _____

Home Address: _____
STREET NUMBER APT CITY STATE ZIP

Place of Birth: _____
CITY COUNTY STATE COUNTRY

Home Phone Number: _____ Mobile Phone Number: _____

Work Phone Number: _____ Other Phone Number: _____

E-mail Address: _____

Date of Birth: _____ Social Security Number: _____

Drivers License Number: _____ State of Issuance: _____

High School (or GED) Graduated From: _____ Year of Graduation: _____

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

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

3. Is there any reason you could not perform the duties assigned to you if you were hired by the City of Plano Public Safety Communications department?
 Yes No

4. As an adult, have you ever been sued because of unpaid bills?
 Yes No

5. As an adult, have you ever had anything repossessed?
 Yes No

6. As an adult, have you ever been evicted from a place of residence?
 Yes No

If you answered "Yes" to any of the questions above in the Personal Information section please explain below. _____

Personal Information (continued)

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

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

- 9. Are you able to work on all weekends?
 Yes No

- 10. Are you able to work on all holidays?
 Yes No

Personal References

LIST SIX PEOPLE THAT YOU HAVE KNOWN FOR AT LEAST TWO YEARS THAT CAN PROVIDE CURRENT INFORMATION ABOUT YOU. DO NOT LIST RELATIVES OR PAST/PRESENT EMPLOYERS OR SUPERVISORS.

Name: _____ Years Known: _____
Address: _____ E-mail Address: _____
Home Phone: _____ Mobile Phone: _____
Your relationship to this person: _____

Name: _____ Years Known: _____
Address: _____ E-mail Address: _____
Home Phone: _____ Mobile Phone: _____
Your relationship to this person: _____

Name: _____ Years Known: _____
Address: _____ E-mail Address: _____
Home Phone: _____ Mobile Phone: _____
Your relationship to this person: _____

Name: _____ Years Known: _____
Address: _____ E-mail Address: _____
Home Phone: _____ Mobile Phone: _____
Your relationship to this person: _____

Name: _____ Years Known: _____
Address: _____ E-mail Address: _____
Home Phone: _____ Mobile Phone: _____
Your relationship to this person: _____

Name: _____ Years Known: _____
Address: _____ E-mail Address: _____
Home Phone: _____ Mobile Phone: _____
Your relationship to this person: _____

Employment Information

Begin with your present or most recent job, and go back ten (10) years. Do not leave anything out (part time, full time, temporary, or any other gainful employment). Use page 19 if additional space is needed.

Check this box if you have NEVER been employed in your lifetime.

Employer: _____ **Position:** _____

Full Time Part Time Temporary Seasonal

Employer's Address: _____

Employment Began On: _____ Ended On: _____

Supervisor's Name: _____ Employer's Telephone Number: _____

Reason for Leaving: _____

Was Notice Given? Yes No If Yes, how much? _____

Employer: _____ **Position:** _____

Full Time Part Time Temporary Seasonal

Employer's Address: _____

Employment Began On: _____ Ended On: _____

Supervisor's Name: _____ Employer's Telephone Number: _____

Reason for Leaving: _____

Was Notice Given? Yes No If Yes, how much? _____

Employer: _____ **Position:** _____

Full Time Part Time Temporary Seasonal

Employer's Address: _____

Employment Began On: _____ Ended On: _____

Supervisor's Name: _____ Employer's Telephone Number: _____

Reason for Leaving: _____

Was Notice Given? Yes No If Yes, how much? _____

Employer: _____ **Position:** _____

Full Time Part Time Temporary Seasonal

Employer's Address: _____

Employment Began On: _____ Ended On: _____

Supervisor's Name: _____ Employer's Telephone Number: _____

Reason for Leaving: _____

Was Notice Given? Yes No If Yes, how much? _____

Employer: _____ **Position:** _____

Full Time Part Time Temporary Seasonal

Employer's Address: _____

Employment Began On: _____ Ended On: _____

Supervisor's Name: _____ Employer's Telephone Number: _____

Reason for Leaving: _____

Was Notice Given? Yes No If Yes, how much? _____

Employer: _____ **Position:** _____

Full Time Part Time Temporary Seasonal

Employer's Address: _____

Employment Began On: _____ Ended On: _____

Supervisor's Name: _____ Employer's Telephone Number: _____

Reason for Leaving: _____

Was Notice Given? Yes No If Yes, how much? _____

1. Did you falsify or purposefully omit any information from your employment history?
 Yes No

2. Did you falsify any of the reasons for leaving any of your employers for the past ten (10) years?
 Yes No

3. Have you ever resigned from a job to keep from being fired?
 Yes No
4. Have you ever been suspended from work?
 Yes No
5. Have you ever been issued a letter of reprimand?
 Yes No
6. Have you ever been fired from a job?
 Yes No
7. Have you ever been employed in an illegal occupation?
 Yes No
8. To your knowledge, would any former employer give you an unfavorable recommendation?
 Yes No
9. Have you ever worked for a governmental agency?
 Yes No
10. Have you ever been involved in an internal affairs investigation?
 Yes No
11. Have you ever fraudulently filed for Worker's Compensation benefits?
 Yes No
12. Have you ever falsified an employer's business records?
 Yes No
13. Have you ever slept on the job when not authorized to do so?
 Yes No
14. Have you ever been counseled regarding inadequate or poor work conduct or performance?
 Yes No
15. Have you ever committed any act of sexual harassment while on the job?
 Yes No
16. Have you ever had any type of unauthorized or illegal physical contact with another employee while working?
 Yes No
17. Have you ever stolen, or assisted in stealing, money from where you were employed?
 Yes No

18. Have you ever stolen, or assisted in stealing, property from where you were employed?

Yes No

19. Have you ever been employed in a Public Safety Communications department?

Yes No

If you answered "Yes" to any of the questions above in the Employment Information section please explain below. _____

What is the most serious disciplinary action that you have received in the past ten (10) years on any job? _____

List any/all other Public Safety Communications, Dispatch, Police, Fire, EMS or other similar agencies where you have 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:** _____

Check this box if you have NEVER applied for work in any such agency.

Drug Use / Abuse

1. Have you been involved in the sale or delivery of any controlled substance?
Yes No
2. Have you transported any controlled substance across a State line or United States border?
Yes No
3. Have you transported any controlled substance as a favor or help someone else deliver controlled substances?
Yes No
4. Have you participated in the manufacturing of any controlled substance?
Yes No
5. Have you cultivated or grown any illegal substance?
Yes No
6. Have you ever used a controlled substance while at work?
Yes No
7. During the past five (5) years has any controlled substance been used in your presence?
Yes No
8. Have you ever bought a controlled substance?
Yes No
9. Have you ever illegally manufactured, sold, or been involved in a conspiracy to distribute any controlled substance?
Yes No
10. Have you ever illegally provided a controlled substance to another person?
Yes No
11. Have you ever illegally used anabolic steroids after 1991?
Yes No
12. Have you ever illegally used someone else's prescription medication?
Yes No
13. Have you ever abused any prescription medication (e.g. Taking other than as directed, etc...)?
Yes No
14. Other than marijuana, have you ever used any other illegal drug?
Yes No

If you answered "Yes" to any of the questions in the Drug Use section on the previous page please explain below. _____

1. In the last three (3) years have you smoked or used marijuana?
Yes No
2. When was the last time that you smoked or used marijuana? _____
3. In the past ten (10) years how many times have you smoked or used marijuana?

4. 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

Alcohol

1. Have you ever been convicted of Driving While Intoxicated?
Yes No
2. In the last five (5) years, have you been convicted of Driving While Intoxicated?
Yes No
3. In the last five (5) years, have you driven while intoxicated?
Yes No
4. In the last five (5) years, have you been charged with any alcohol related offense (e.g. Minor in Possession, Furnishing Alcohol, Sale of Alcohol, etc...)
Yes No
5. In the last five (5) years, have you been intoxicated in a public place?
Yes No

6. Have you 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
7. Have you consumed alcohol in violation of any State law?
Yes No
8. Have you unlawfully purchased or furnished alcohol for a person you knew to be under the legal drinking age?
Yes No
9. Have you used an altered ID or the ID of another person to illegally purchase alcohol?
Yes No

If you answered "Yes" to any of the questions above in the Alcohol section please explain below. _____

Criminal Activity

1. As an adult, have you purposely or negligently caused the death of another human being?
Yes No
2. As an adult, have you kidnapped or abducted someone and held them against their will?
Yes No
3. As an adult, have you committed any acts of sexual assault, against an adult or juvenile (sixteen (16) years of age or younger at the time of the act)? Examples include, but are not limited to: sexual intercourse, oral sex, anal sex, or touching the genitals, breasts, or anus of another person.
Yes No

4. As an adult, have you forced someone to have sexual contact with you against his or her will?
Yes No
5. As an adult, have you attempted to harm or caused harm to someone with any kind of firearm, knife, club or other deadly weapon?
Yes No
6. As an adult, have you been accused of causing injury or physical abuse to a child?
Yes No
7. As an adult, have you deliberately caused any fires or explosions in an attempt to destroy property?
Yes No
8. As an adult, have you deliberately or intentionally damaged or destroyed someone else's property?
Yes No
9. As an adult, have you used a firearm, knife, club or other deadly weapon to take something away from someone else?
Yes No
10. As an adult, have you broken into or burglarized any building, habitat, or other form of structure?
Yes No
11. As an adult, have you broken into someone else's motor vehicle of any type in order to steal something?
Yes No
12. As an adult, have you stolen or used a vehicle without the owner's permission?
Yes No
13. As an adult, have you forged anything on a check, title, deed, or other official document of any kind?
Yes No
14. As an adult, have you used someone else's credit card or credit card number without permission?
Yes No
15. As an adult, have you stolen or had possession of someone's stolen credit card?
Yes No
16. As an adult, have you forced anyone into an act of prostitution or received payment for someone else's act of sexual performance?
Yes No

17. As an adult, have you possessed (or do you possess) any illegal weapons, explosive device, fully automatic weapon, illegally altered weapon, armor piercing ammunition, firearm silencer, or incendiary device?
Yes No
18. As an adult, have you stolen or been involved in the theft of any money or property that had a value of more than \$50.00?
Yes No
19. As an adult, have you been involved in the sale, production, or promotion or distribution of illegal pornographic materials (e.g. Production of books, tapes, or images that depict a child in nude or sexual acts, etc...)?
Yes No
20. As an adult, have you participated in Internet "chat rooms" where conversations of a sexual nature were discussed with individual(s) who identified themselves as juveniles / minors?
Yes No
21. As an adult have you participated in any kind of indecent exposure?
Yes No
22. As an adult, have you been involved in a physical assault? This includes family members or any other person.
Yes No
23. As an adult, have you been involved in any act of computer fraud or illegal access to any computer or computer network system?
Yes No
24. As an adult, have you or any member of your family participated in or been affiliated with any organization that advocates violence or the overthrow of the federal government?
Yes No
25. As an adult, have you participated in any acts of animal cruelty that deliberately injured or deprived an animal of food or water, other than legal hunting or fishing?
Yes No
26. As an adult, have you kept a child away from his/her parent, legal guardian or court's jurisdiction without permission?
Yes No
27. As an adult have you deliberately damaged or destroyed property?
Yes No
28. As an adult have you broken into any coin operated machine or device for the purpose of stealing money?
Yes No

29. As an adult, have you entered or remained on someone else's property without permission?
Yes No
30. As an adult, have you been involved in or accused of any acts of disturbing the peace, fighting in public, threatening another person, etc...?
Yes No
31. As an adult, have you been involved in the sale, production, promotion or distribution of illegal pornographic materials?
Yes No
32. As an adult have you engaged in any acts of prostitution; that is sexual contact for money, either paying someone else or being paid for an act of prostitution?
Yes No
33. As an adult, have you carried weapons illegally (e.g. anything that is against the laws as it is now written)?
Yes No
34. As an adult, have you made lewd, obscene, or harassing phone calls?
Yes No
35. As an adult, have you bought or sold any property that you knew or had reason to believe was stolen?
Yes No
36. As an adult, have you participated in a theft of any state, city or commercial utility (e.g. water, gas, electricity, cable television, satellite television, etc...)?
Yes No
37. As an adult have you been involved with any illegal gambling activities?
Yes No
38. As an adult, have you participated in any window peeping for lewd purposes?
Yes No
39. As an adult, other than traffic tickets, have you been convicted in a court of law (including Deferred Adjudication)?
Yes No
40. As an adult, have you evaded a law enforcement officer?
Yes No
41. As an adult, did you commit any type of insurance fraud?
Yes No
42. As an adult, have you been indicted by a Grand Jury?
Yes No

Driving History

1. Do you have any Drivers Licenses other than those disclosed on page 4?
Yes No
2. Have you ever had a Drivers License suspended for any reason?
Yes No
3. As an adult, have you been involved in any accident where you did not leave identification or failed to render aid to anyone who was injured?
Yes No
4. As an adult, have you been arrested for failing to appear in court for a traffic ticket?
Yes No
5. Are any vehicles that are registered in your name uninsured?
Yes No
6. As an adult, have you ever driven while under the influence of alcohol or other controlled substances?
Yes No
7. As an adult, have you ever caused a death or serious injury in a motor vehicle accident?
Yes No
8. In the past three (3) years have you been at fault in any motor vehicle accident?
Yes No
9. In the past three (3) years have you been convicted of not showing proof of financial responsibility?
Yes No
10. As an adult, have you been convicted of driving while your license was suspended?
Yes No

If you answered "Yes" to any of the questions above in the Driving History section please explain below. _____

Military Service

1. Have you been a member of any branch of the US Armed Forces?
 Yes No If Yes, what branch _____
If Yes, duration of service _____
2. Have you ever been AWOL?
 Yes No Not Applicable
3. Have you ever been given company punishment or confined to a brig /
guardhouse?
 Yes No Not Applicable
4. Have you ever been court-martialed or reduced in rank?
 Yes No Not Applicable
5. Were you ever awarded a government security clearance?
 Yes No Not Applicable
6. Did you ever violate a government security clearance?
 Yes No Not Applicable
7. Did you ever lose a government security clearance?
 Yes No Not Applicable
8. While in military service were you ever arrested for an offense which resulted in a
trial by the Deck Court or Summary, Special or General court-martial?
 Yes No Not Applicable
9. 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, etc...)?
 Yes No Not Applicable
10. Were you discharged prior to the end of your tour of duty?
 Yes No Not Applicable
11. Have you received a discharge from any branch of the military service that was
other than honorable?
 Yes No Not Applicable

If you answered "Yes" to any of the questions above in the Military Service section
please explain below. _____

PLEASE READ THE FOLLOWING VERY CAREFULLY

You have now completed the Personal History Statement. You should stop for a moment and think about all of your answers and explanations to insure that you have accurately portrayed the information that was requested. If you recall **any** information that was requested that you did not answer in the questionnaire, go back and make any needed correction or addition before you turn in this packet.

PLEASE READ, PRINT AND SIGN YOUR NAME, AND DATE.

All of the information that I have revealed in this questionnaire is true, correct and complete. I have not withheld, falsified, or misrepresented any information requested in this questionnaire.

Applicant Name (PRINTED) _____

Applicant Name (SIGNATURE) _____

Date _____