

CITY OF CANTON POLICE DEPARTMENT



APPLICANT NAME _____

DATE SUBMITTED: _____

Received by: _____ Date: _____

Position applying for: (check one)

POLICE OFFICER.....

RESERVE.....

ALL INFORMATION PROVIDED IN YOUR PERSONAL HISTORY STATEMENT IS STRICTLY CONFIDENTIAL

Application for Employment

City of Canton



PLEASE PRINT

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for _____ Date of application ____ / ____ / ____

Referral Source Advertisement Employee Relative Government Employment Agency

Walk-in Private Employment Agency Other _____

Name of source (if applicable) _____

Name _____

Address _____

Telephone # (____) _____ Mobile/Beeper/Other Phone # (____) _____ E-mail Address _____

STREET CITY STATE ZIP CODE Social Security # _____

LAST FIRST MIDDLE

If necessary, best time to call you at home is _____ : ^{AM}/_{PM}

May we contact you at work? Yes No

If yes, work number and best time to call..... (____) _____ : ^{AM}/_{PM}

If you are under 18 and it is required, can you furnish a work permit?..... Yes No

If no, please explain _____

Have you submitted an application here before? Yes No

If yes, give date(s) and position(s) _____ / ____ / ____

Have you ever been employed here before? Yes No

If yes, give dates From ____ / ____ / ____ To ____ / ____ / ____

Are you legally eligible for employment in this country?..... Yes No

Date available for work..... ____ / ____ / ____ What is your desired salary range? \$ _____

Type of employment desired Full-Time Part-Time Temporary Seasonal Educational Co-Op

Will you relocate if job requires it?..... Yes No Will you travel if job requires it? Yes No

Are you able to meet the attendance requirements of the position? Yes No

Will you work overtime if required?..... Yes No

If no, please explain _____

Have you ever been bonded? Yes No

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? Yes No

If yes, please provide date(s) and details _____

ANSWERING YES TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, RE-EMPLOYMENT AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.

Driver's license number if driving is an essential job function _____ State _____

AN EQUAL OPPORTUNITY EMPLOYER

Educational Background (if job related)

A. List last three (3) schools attended, starting with most recent. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average or Class Rank. E. Major field of study. F. Minor field of study (if applicable).

| A. SCHOOL | B. NUMBER OF YEARS COMPLETED | C. DEGREE DIPLOMA | D. GPA CLASS RANK | E. MAJOR | F. MINOR |
|-----------|------------------------------|-------------------|-------------------|----------|----------|
| | | | | | |
| | | | | | |
| | | | | | |

References

List name and telephone number of three business/work references who are NOT related to you and are NOT previous supervisors. If not applicable, list three school or personal references who are not related to you.

| NAME | TELEPHONE | NUMBER OF YEARS KNOWN |
|------|-----------|-----------------------|
| | () | |
| | () | |
| | () | |

Additional Information

List professional, trade, business or civic associations and any offices held.

EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE NATIONAL GUARD OR ANY OTHER SIMILARLY PROTECTED STATUS.

| ORGANIZATION | OFFICES HELD |
|--------------|--------------|
| | |
| | |
| | |
| | |

List special accomplishments, publications, awards, etc.

EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE NATIONAL GUARD OR ANY OTHER SIMILARLY PROTECTED STATUS.

List any additional information you would like us to consider.

Employment History

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

| | | | |
|---|--------------------|--------------------------------|--|
| EMPLOYER () | TELEPHONE # () | DATES EMPLOYED FROM TO | SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES |
| ADDRESS STARTING JOB TITLE / FINAL JOB TITLE | | HOURLY RATE/SALARY STARTING | |
| IMMEDIATE SUPERVISOR AND TITLE REASON FOR LEAVING | | \$ PER | |
| | | HOURLY RATE/SALARY FINAL | |
| MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER | | \$ PER | |
| EMPLOYER () | TELEPHONE # () | DATES EMPLOYED FROM TO | SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES |
| ADDRESS STARTING JOB TITLE / FINAL JOB TITLE | | HOURLY RATE/SALARY STARTING | |
| IMMEDIATE SUPERVISOR AND TITLE REASON FOR LEAVING | | \$ PER | |
| | | HOURLY RATE/SALARY FINAL | |
| MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER | | \$ PER | |
| EMPLOYER () | TELEPHONE # () | DATES EMPLOYED FROM TO | SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES |
| ADDRESS STARTING JOB TITLE / FINAL JOB TITLE | | HOURLY RATE/SALARY STARTING | |
| IMMEDIATE SUPERVISOR AND TITLE REASON FOR LEAVING | | \$ PER | |
| | | HOURLY RATE/SALARY FINAL | |
| MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER | | \$ PER | |
| EMPLOYER () | TELEPHONE # () | DATES EMPLOYED FROM TO | SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES |
| ADDRESS STARTING JOB TITLE / FINAL JOB TITLE | | HOURLY RATE/SALARY STARTING | |
| IMMEDIATE SUPERVISOR AND TITLE REASON FOR LEAVING | | \$ PER | |
| | | HOURLY RATE/SALARY FINAL | |
| MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER | | \$ PER | |

Comments INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT _____

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date ____/____/____

Carroll Police Dept. Personal History Stmt
July 2008

**IMPORTANT
READ THESE INSTRUCTIONS CAREFULLY**

These instructions are provided as a guide to assist you in properly completing your Personal History Statement.

**IT IS ESSENTIAL THAT THE INFORMATION BE CORRECT AND
COMPLETE!!!**

Your Personal History Statement will be used as the basis of a background investigation that will determine your eligibility for the for which you are applying.

1. Your Personal History Statement should be hand printed legibly in ink.
2. Answer all questions completely. If a question does not apply to you, enter "NA" in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in sequence before you begin.
4. You are responsible for obtaining correct addresses (including zip codes). If you are not sure of an address, check it by personal verification. Your local library may have a directory service or copies of the required directories. Include the area code with phone number.
5. If there is insufficient space on the Personal History Statement form, attach extra sheets. Be sure to reference the relevant section and the question before continuing your answer.

Your failure to properly and thoroughly complete this document may result in your rejection from the hiring process. Deliberate omissions or a deliberate misstatement of required information is grounds for rejection.

In addition to the Personal History Statement, you are required to submit:

1. a copy of high school diploma or G.E.D., if applicable;
2. a copy of college diploma, if applicable;
3. copies of any divorce or other civil papers that may apply;
4. a copy of military Form DD 214 discharge papers showing an Honorable Discharge if applicable;
5. a copy of applicant's Birth Certificate;
6. letters of recommendation, if applicable; and
7. copies of any related training certificates, if applicable.

**DO NOT RETURN THIS PERSONAL HISTORY STATEMENT
UNTIL TOLD TO DO SO!!**

CANTON POLICE DEPARTMENT

PERSONAL HISTORY STATEMENT

Applicant: _____
Last First Middle

Position Desired: _____

Date P.H.S. Given to Applicant: _____

Preliminary Interview Appointment: _____ (P.H.S. Returned)
Date Time

To the Applicant:

You have just made application for a position with the City of Canton, Texas. As a part of the hiring process an extensive background investigation will be conducted which will be related to the following areas:

Initiative
Integrity
Self-Control
Dependability
Situational Reasoning Ability
Communication and Interpersonal Skills

You will also be required to provide a chronological listing of the jobs held. This listing should also include any periods of unemployment and the reason why. Finally, after your background investigation you will be required to pass an oral interview board.

The City of Canton is an Equal Opportunity Employer

EMPLOYMENT HISTORY

Beginning with your present or most recent job, list all of the jobs you have had since the age of 17. Include all part-time, temporary or seasonal positions. Attach additional pages if necessary.
A JOB IS ANY POSITION YOU ACCEPTED REGARDLESS OF HOW LONG YOU ACTUALLY WORKED !!!!!

Circle Appropriate job description(s) Full Time Part Time Seasonal Temp

Employer: _____

Employer's Address: _____
number street city state zip

Employer's Telephone Number: (____) _____ Ext.: _____

Employment began on: ____-____-____ Ended on: ____-____-____ Total Time: _____

Position(s) held with company/duties and responsibilities:

Title: _____

Duties/Responsibilities: _____

Time in Position: _____

Did you receive job performance evaluations while with this company? Yes No

Name of final supervisor: _____ Are you eligible for rehire? Yes No

Reason for leaving: _____

EMPLOYMENT HISTORY (continued)

Circle appropriate job description(s) Full Time Part Time Seasonal Temp

Employer: _____

Employer's Address: _____
number street city state zip

Employer's Telephone Number: () _____ Ext.: _____

Employment began on: ____ - ____ - ____ Ended on: ____ - ____ - ____ Total Time: _____

Position(s) held with company/duties and responsibilities:

Title: _____

Duties/Responsibilities: _____

Time in Position: _____

Did you receive job performance evaluations while with this company? ____ Yes ____ No

Name of final supervisor: _____ Are you eligible for rehire? ____ Yes ____ No

Reason for leaving: _____

Investigator Notes:

EMPLOYMENT HISTORY (continued)

Circle Appropriate job description(s) Full Time Part Time Seasonal Temp

Employer: _____

Employer's Address: _____
number street city state zip

Employer's Telephone Number: () _____ Ext.: _____

Employment began on: - - Ended on: - - Total Time: _____

Position(s) held with company/duties and responsibilities:.

Title: _____

Duties/Responsibilities: _____

Time in Position: _____

Did you receive job performance evaluations while with this company? Yes No

Name of final supervisor: _____ Are you eligible for rehire? Yes No

Reason for leaving: _____

Investigator Notes:

EMPLOYMENT HISTORY (continued)

Circle Appropriate job description(s) Full Time Part Time Seasonal Temp

Employer: _____

Employer's Address: _____
number street city state zip

Employer's Telephone Number: () _____ Ext.: _____

Employment began on: - - Ended on: - - Total Time: _____

Position(s) held with company/duties and responsibilities:

Title: _____

Duties/Responsibilities: _____

Time in Position: _____

Did you receive job performance evaluations while with this company? ____ Yes ____ No

Name of final supervisor: _____ Are you eligible for rehire? ____ Yes ____ No

Reason for leaving: _____

Investigator Notes:

EMPLOYMENT HISTORY (continued)

Circle Appropriate job description(s) Full Time Part Time Seasonal Temp

Employer: _____

Employer's Address: _____
number street city state zip

Employer's Telephone Number: (____) _____ Ext.: _____

Employment began on: ____-____-____ Ended on: ____-____-____ Total Time: _____

Position(s) held with company/duties and responsibilities:

Title: _____

Duties/Responsibilities: _____

Time in Position: _____

Did you receive job performance evaluations while with this company? ____ Yes ____ No

Name of final supervisor: _____ Are you eligible for rehire? ____ Yes ____ No

Reason for leaving: _____

Investigator Notes:

EMPLOYMENT HISTORY (continued)

Circle Appropriate job description(s) Full Time Part Time Seasonal Temp

Employer: _____

Employer's Address: _____
number street city state zip

Employer's Telephone Number: () _____ Ext.: _____

Employment began on: ____ - ____ - ____ Ended on: ____ - ____ - ____ Total Time: _____

Position(s) held with company/duties and responsibilities:

Title: _____

Duties/Responsibilities: _____

Time in Position: _____

Did you receive job performance evaluations while with this company? Yes No

Name of final supervisor: _____ Are you eligible for rehire? Yes No

Reason for leaving: _____

Investigator Notes:

EMPLOYMENT HISTORY (continued)

Circle Appropriate job description(s) Full Time Part Time Seasonal Temp

Employer: _____

Employer's Address: _____
number street city state zip

Employer's Telephone Number: (____) _____ Ext.: _____

Employment began on: ____-____-____ Ended on: ____-____-____ Total Time: _____

Position(s) held with company/duties and responsibilities:

Title: _____

Duties/Responsibilities: _____

Time in Position: _____

Did you receive job performance evaluations while with this company? ____ Yes ____ No

Name of final supervisor: _____ Are you eligible for rehire? ____ Yes ____ No

Reason for leaving: _____

Investigator Notes:

EMPLOYMENT HISTORY (continued)

Circle Appropriate job description(s) Full Time Part Time Seasonal Temp

Employer: _____

Employer's Address: _____
number street city state zip

Employer's Telephone Number: (____) _____ Ext.: _____

Employment began on: ____-____-____ Ended on: ____-____-____ Total Time: _____

Position(s) held with company/duties and responsibilities:

Title: _____

Duties/Responsibilities: _____

Time in Position: _____

Did you receive job performance evaluations while with this company? ____ Yes ____ No

Name of final supervisor: _____ Are you eligible for rehire? ____ Yes ____ No

Reason for leaving: _____

Investigator Notes: ~

EMPLOYMENT HISTORY (continued)

Circle Appropriate job description(s) Full Time Part Time Seasonal Temp

Employer: _____

Employer's Address: _____
number street city state zip

Employer's Telephone Number: () _____ Ext.: _____

Employment began on: ____ - ____ - ____ Ended on: ____ - ____ - ____ Total Time: _____

Position(s) held with company/duties and responsibilities:

Title: _____

Duties/Responsibilities: _____

Time in Position: _____

Did you receive job performance evaluations while with this company? ____ Yes ____ No

Name of final supervisor: _____ Are you eligible for rehire? ____ Yes ____ No

Reason for leaving: _____

Investigator Notes: _____

EMPLOYMENT HISTORY (continued)

Circle appropriate job description(s) Full Time Part Time Seasonal Temp

Employer: _____

Employer's Address: _____
number street city state zip

Employer's Telephone Number: () _____ Ext.: _____

Employment began on: ____-____-____ Ended on: ____-____-____ Total Time: _____

Position(s) held with company/duties and responsibilities:

Title: _____

Duties/Responsibilities: _____

Time in Position: _____

Did you receive job performance evaluations while with this company? ____ Yes ____ No

Name of final supervisor: _____ Are you eligible for rehire? ____ Yes ____ No

Reason for leaving: _____

Investigator Notes:

UNEMPLOYMENT HISTORY

Record any period of Unemployment since graduating from high school.

(A period of unemployment is any time you did not have a job).

| From (Month/Year) | To (Month/Year) | Length of Unemployment | Reason for Unemployment |
|----------------------|--------------------|---------------------------|----------------------------|
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If you were a full time college student and held only seasonal employment during breaks, just indicate your beginning and ending school dates.

Investigator Notes:

EDUCATIONAL HISTORY

 List all high schools, colleges, technological or trade schools you have ever attended, regardless of whether or not you graduated and/or completed the prescribed course of study.

If you are listing colleges/universities and you did not graduate, indicate the correct number of credit hours you are credited with.

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

| Name and type of school Location (city & state) | Dates Attended | | Degree and/or Credit hours earned |
|--|----------------|----|--------------------------------------|
| | From | To | |
| | | | |
| | | | |
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| | | | |

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

School: _____ Dates: _____ Reason: _____

Have you ever been placed on academic probation? Yes No

School: _____ Dates: _____ Reason: _____

ADDITIONAL EDUCATION AND PERSONAL INFORMATION

School Activities:
(Clubs, Sports, etc.)

High School/College (circle grade)

| | 9th | 10th | 11th | 12th | Frshmn. | Soph. | Jr. | Sr. |
|-------|-----|------|------|------|---------|-------|-----|-----|
| _____ | | | | | | | | |
| _____ | | | | | | | | |
| _____ | | | | | | | | |
| _____ | | | | | | | | |
| _____ | | | | | | | | |
| _____ | | | | | | | | |

Positions of Leadership: (Indicate position/organization/dates held)

Community Activities: (Indicate participation dates)

Awards, Commendations or Items of Special Recognition: (list date received)

If you are fluent in a foreign language, indicate in each area your degree of fluency (Excellent, Good, Fair)

| LANGUAGE | READING | SPEAKING | UNDERSTANDING | WRITING |
|----------|---------|----------|---------------|---------|
|----------|---------|----------|---------------|---------|

| | | | | |
|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

PERSONAL REFERENCES

List five (5) persons who know you well enough to provide current information about you. Do not list relatives or past/present employers.

Name: _____ Occupation: _____
Home Address: _____ Years Known: _____
Street No. & Name City State zip
Home Phone: _____ Work Phone: _____
Briefly describe your relationship with this person: _____

Name: _____ Occupation: _____
Home Address: _____ Years Known: _____
Street No. & Name City State zip
Home Phone: _____ Work Phone: _____
Briefly describe your relationship with this person: _____

Name: _____ Occupation: _____
Home Address: _____ Years Known: _____
Street No. & Name City State zip
Home Phone: _____ Work Phone: _____
Briefly describe your relationship with this person: _____

Name: _____ Occupation: _____
Home Address: _____ Years Known: _____
Street No. & Name City State zip
Home Phone: _____ Work Phone: _____
Briefly describe your relationship with this person: _____

PERSONAL REFERENCES (continued) ...

Name: _____ Occupation: _____

Home Address: _____ Years Known: _____
Street No. & Name City State zip

Home Phone: _____ Work Phone: _____

Briefly describe your relationship with this person: _____

MISCELLANEOUS INFORMATION

List your past/present Reserve Police Officer affiliations:

Agency Type of Position Rank Dates of Service

| <small>Agency</small> | <small>Type of Position</small> | <small>Rank</small> | <small>Dates of Service</small> |
|-----------------------|---------------------------------|---------------------|---------------------------------|
| | | | |
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Hobbies and Sports you participate in:
Nature of Sport

Length of Time

Level of Proficiency

| <small>Nature of Sport</small> | <small>Length of Time</small> | <small>Level of Proficiency</small> |
|--------------------------------|-------------------------------|-------------------------------------|
| | | |
| | | |
| | | |

PERSONAL REFERENCES (continued)

Name: _____ Occupation: _____

Home Address: _____ Years Known: _____
Street No. & Name City State zip

Home Phone: _____ Work Phone: _____

Briefly describe your relationship with this person: _____

MISCELLANEOUS INFORMATION

List your past/present Reserve Police Officer affiliations:
Agency Type of Position

Rank

Dates of Service

Hobbies and Sports you participate in:
Nature of Sport

Length of Time

Level of Proficiency

MISCELLANEOUS INFORMATION (continued)

Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform the duties which you may be called upon to take or which require further explanation?

___ Yes ___ No

If yes, explain: _____

Do you or your spouse have a relative currently employed with the City of Canton? ___ Yes ___ No

If yes, give name/relationship/position with the City: _____

Have you ever made an application for employment (any position) with this or any other law enforcement related agency? ___ Yes ___ No

| | | |
|----------------|---------------------|--|
| Name of Agency | Date of Application | Status of Application (rejected, pending, not pursued, etc) |
|----------------|---------------------|--|

If there are additional agencies, list them on a separate sheet of paper.

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answer to questions.

I am fully aware that any such misrepresentations, omissions, or falsifications will be grounds for my immediate rejection of application, or if hired, termination of my employment.

Signature of Applicant

Date of Preparation

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, due hereby authorize a review, full disclosure and release of all records, including but not limited to photocopies of records concerning myself to any duly authorized agent of the Canton Police Department, whether said records are of public, private, or confidential nature.

The intent of this authorization is to give my consent for a full and complete disclosure and release of the records of education institutions, medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veterans Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me or any other person in any case, either criminal or civil, which I presently have or had an interest.

I authorize the Canton Police Department to make an investigation of all information contained in this application for employment, and I release from liability all persons and agencies supplying such information. I understand that any false answers, statements or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge. Upon termination of my employment for whatever reason, I release the Canton Police Department from liability for supplying any information concerning my employment to any potential employer. I authorize the Canton Police Department, if applicable, to request a copy of my criminal record, motor vehicle driving record and any other investigative report they deem necessary through various third party sources. I realize I hereby agree to submit to any drug test that may be required of me whether prior to my employment or if employed by the Canton Police Department at any time thereafter. If requested I will take a physical examination post job offer and employment will be conditional upon passing such examination.

During such employment, I understand and agree that in the event I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition, I hereby authorize the limited release of exchange of such medical information relating to my condition between the treatment provider and the physician designated by the Canton Police Department. I further understand that this is an application for employment and that no employment contract is being offered. I understand that if employed, such employment is for an indefinite period of time and that the Canton Police Department can change wages, benefits and conditions at any time. I have read and understand the above.

I further agree to waive any right whatsoever to the background investigation report or psychological report developed through this waiver.

A photocopy of this release form will be valid as an original thereof, even though the said copy does not contain an original writing of my signature.

Applicant's Signature

Applicant's Address

Date of Birth

Social Security Number

STATE OF TEXAS

SWORN AND SUBSCRIBED
BEFORE ME,

This _____ Day of _____
20____

NOTARY PUBLIC

ARRESTS AND DETENTIONS

Have you ever been arrested by the police? Yes No

Have you ever been detained (other than a traffic ticket) by the police? Yes No

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

If yes, explain each incident and list date of occurrence (list juvenile as well as adult):

LITIGATION

Have you ever been involved in any type of lawsuit (even as a witness)? Yes No

Were you sued? Yes No

Have you ever sued anyone? Yes No

Explain any yes answers and list date of occurrence: _____

DRIVING RECORD

How many moving citations have you received since you began driving? _____

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

Have you ever driven a motor vehicle, since your 17th birthday without a valid driver's license for that vehicle? Yes No

Have you ever had your driver's license suspended? Yes No

Date of Suspension: _____ Type of Suspension: _____ Date lifted: _____

DRIVING RECORD (continued)

Have you ever had your driver's license placed on probation for receiving a excessive number of traffic violations? Yes No

Have you ever had a hearing for probation/suspension, etc..? Yes No

Have you ever been placed as an assigned risk for vehicle insurance? Yes No

Have you ever had your insurance revoked due to the number of traffic citations you have received? Yes No

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

Do you have a valid driver's license in more than one state? If so, list _____

List other states in which you have held a driver's license or ID card (indicate year): _____

Have you ever been denied a driver's license for any reason? Yes No

How many motor vehicle accidents have you been involved as a driver? _____

Have you ever been involved in an accident and left the accident scene without identifying yourself? Yes No

Have you ever struck an unattended vehicle and left without leaving identification? Yes No

Investigator Notes:

MARRIAGE AND FAMILY HISTORY

Circle your current marital status:

Single Engaged Married Separated Divorced Widowed

If you are engaged: Wedding Date: _____

Name of Fiancée/Fiancee: _____ Date of Birth: _____
first middle last

Address: _____ Home#: _____ Work#: _____

If you are married: Date of Marriage: _____

Spouse's Name: _____ Date of Birth: _____

Address: _____ Home#: _____ Work#: _____

If you are separated:

Spouse's Name: _____ Date of Birth: _____

Current Address: _____ Home #: _____

Date of Separation: _____ Work #: _____

If you are divorced: Date of Marriage: _____

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

Current Address: _____ Home #: _____

Date divorce decree issued: _____

Court and State where issued: _____

**If you have more than one divorce, list those on a separate sheet of paper and attach.

If you are widowed: Date of Marriage: _____

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

Date of Death: _____

Have you ever been married to more than one person at one time? _____

RESIDENCES

 List all addresses where you have lived during the past ten years, (Police Officer), or five years (Dispatcher), beginning with your present address. List date by month and year. Attach an additional page if necessary. Include apartment complex names and the office telephone number.
 If property was leased from an individual, list landlords or owner and telephone number.

| From | To | Length of Residency (yrs./mos.) | Address | Name of Apartment Complex |
|------|----|---------------------------------|----------------|-------------------------------------|
| | | | | |
| | | | city state zip | Telephone # of Complex Office _____ |

Was a lease signed: Yes No If so, what names are on it: _____

| From | To | Length of Residency (yrs./mos.) | Address | Name of Apartment Complex |
|------|----|---------------------------------|----------------|-------------------------------------|
| | | | | |
| | | | city state zip | Telephone # of Complex Office _____ |

Was a lease signed: Yes No If so, what names are on it: _____

| From | To | Length of Residency (yrs./mos.) | Address | Name of Apartment Complex |
|------|----|---------------------------------|----------------|-------------------------------------|
| | | | | |
| | | | city state zip | Telephone # of Complex Office _____ |

Was a lease signed: Yes No If so, what names are on it: _____

| From | To | Length of Residency (yrs./mos.) | Address | Name of Apartment Complex |
|------|----|---------------------------------|----------------|-------------------------------------|
| | | | | |
| | | | city state zip | Telephone # of Complex Office _____ |

Was a lease signed: Yes No If so, what names are on it: _____ yr

RESIDENCY (continued)

| From | To | Length of Residency (yrs./mos.) | Address | Name of Apartment Complex |
|---------------------|-------|--|------------------------------------|-------------------------------------|
| _____ | _____ | _____ | _____ | _____ |
| | | | _____ | _____ |
| | | | city state zip | Telephone # of Complex Office _____ |
| Was a lease signed: | | <input type="checkbox"/> Yes <input type="checkbox"/> No | If so, what names are on it: _____ | |

| From | To | Length of Residency (yrs./mos.) | Address | Name of Apartment Complex |
|---------------------|-------|--|------------------------------------|-------------------------------------|
| _____ | _____ | _____ | _____ | _____ |
| | | | _____ | _____ |
| | | | city state zip | Telephone # of Complex Office _____ |
| Was a lease signed: | | <input type="checkbox"/> Yes <input type="checkbox"/> No | If so, what names are on it: _____ | |

| From | To | Length of Residency (yrs./mos.) | Address | Name of Apartment Complex |
|---------------------|-------|--|------------------------------------|-------------------------------------|
| _____ | _____ | _____ | _____ | _____ |
| | | | _____ | _____ |
| | | | city state zip | Telephone # of Complex Office _____ |
| Was a lease signed: | | <input type="checkbox"/> Yes <input type="checkbox"/> No | If so, what names are on it: _____ | |

| From | To | Length of Residency (yrs./mos.) | Address | Name of Apartment Complex |
|---------------------|-------|--|------------------------------------|-------------------------------------|
| _____ | _____ | _____ | _____ | _____ |
| | | | _____ | _____ |
| | | | city state zip | Telephone # of Complex Office _____ |
| Was a lease signed: | | <input type="checkbox"/> Yes <input type="checkbox"/> No | If so, what names are on it: _____ | |

PERSONAL DECLARATIONS

 Drug use covers all descriptive terms used to describe the ingestion of any of the listed types into a person's system. Example experimented, tried, etc.

Have you ever used:

| | | # Times In Life | Approx. Last Date | Form Used |
|-------------------|--|--------------------|----------------------|-----------|
| Marijuana | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ | _____ | _____ |
| Hashish | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ | _____ | _____ |
| "Speed" | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ | _____ | _____ |
| Cocaine | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ | _____ | _____ |
| LSD | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ | _____ | _____ |
| "XTC" | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ | _____ | _____ |
| PCP | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ | _____ | _____ |
| Peyote | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ | _____ | _____ |
| Mushrooms | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ | _____ | _____ |
| Heroin | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ | _____ | _____ |
| Any Designer Drug | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ | _____ | _____ |

Have you ever sold any of the items specified above? Yes No

Which: _____ When: _____ # Times: _____

Have you ever bought any of the items specified above? Yes No

Which: _____ When: _____ # Times: _____

Have you ever had an illegal drug injection? Yes No Of What? _____

Have you ever inhaled (paint, glue, any petroleum product)? Yes No

When was the last time? _____

PERSONAL DECLARATIONS (continued)

Have you ever abused any prescribed medication? Yes No Type: _____

How did you abuse (misuse)? _____

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

What Drug: _____ How were you involved? _____

Describe your involvement:

Have you ever lied to a doctor about symptoms in order to get a prescription, such as valium or a pain killer, etc.? Yes No

Explain: _____

Do others use drugs in your presence? Yes No

What type: _____

Investigator Notes: _____

MILITARY HISTORY

Have you registered with selective service? Yes No When? _____

Have you ever been rejected by any branch of the armed forces? Yes No

Have you ever been a member of any branch of the U.S. Armed Forces? Yes No

Branch of Service: _____ Highest Rank Obtained: _____

Date of Induction: _____ Date of Discharge: _____ Type of Discharge: _____

Mo/Day/Year

Mo/Day/Year

Awards: (Type and date awarded)

Special Schools/Training:

While in the military service, were you ever arrested for an offense which resulted in a trial by deck court or by summary, special or general court-martial? Yes No

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

Charge: _____ Date: _____ Results: _____

Last duty station and name of command officer: _____

Are you currently a member of a U.S. Reserve or National or State Guard organization? Yes No

Branch of Service: _____ Grade & Service #: _____ Are you: Active Inactive Standby

Organization/Station/Unit and Location: _____
